

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026212

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6602

STATE FILE NUMBER

FILED JUN 28 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

57 yrs

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

DOA City Hospital

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

2335 Ann Avenue

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

DORA

Middle

R.

Last

MUELLER

4. DATE OF DEATH

Month

Day

Year

June 23, 1963

## 5. SEX

female

## 6. COLOR OR RACE

white

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/28/1902

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ironer

## 10b. KIND OF BUSINESS OR INDUSTRY

Shoe Mfg.

## 11. BIRTHPLACE (City and state or country)

Germany

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

unk. Popp

## 13b. MOTHER'S MAIDEN NAME

unk.

## 14. NAME OF HUSBAND OR WIFE

Sigmund W. Mueller

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

## 17. INFORMANT

Address

Russell E. Mueller, 7913 Menola (23)

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

CVA

INTERVAL BETWEEN ONSET AND DEATH  
INSTANT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Hypertensive CARDIAC Disease 5 yrs

#### DUE TO (c)

443X

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 6-22-63 and last saw him alive on 6/8/63

Death occurred at 2:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. Michael M.D.

## 22b. ADDRESS

81 v Alvar St. Louis

## 22c. DATE SIGNED

6/24/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

6/26/63

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

## 25. DATE RECD. BY LOCAL REG.

JUN 24 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

11-3-*pm* *more*  
Dr. V. G. Michael  
921-4004  
Arcade Building  
823-5858

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Eustace W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.